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SERIAL NUMBER 09/282,471	FILING DATE 03/31/1999 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 401865/SKYEPhARMA
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/218,080 12/22/1998 PAT 6,228,399
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

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FILING FEE RECEIVED 3732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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